

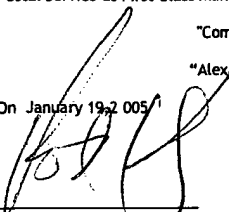


CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents"
"P.O. Box 1450"
"Alexandria, VA 22313-1450"

On January 19, 2005


RONALD A. KOATZ
ATTORNEY FOR APPLICANT(S)
REGISTRATION NO. 31,774

January 19, 2005
DATE OF
SIGNATURE

REPLY UNDER 37 CFR §1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER #1746

PATENT

C7564(V)
Y2-0548-UNI

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer Number: 000201
Attorney Docket No.: C7564(V)
Applicant: Ashcroft et al.
Serial No.: 09/940,730
Filed: August 28, 2001
For: CLEANING AID

Group: 1746
Examiner: Alexander Markoff
Edgewater, NJ 07020
January 19, 2005

AMENDMENT UNDER 37 CFR §1.116 IN RESPONSE TO OFFICE ACTION MAILED
OCTOBER 19, 2004

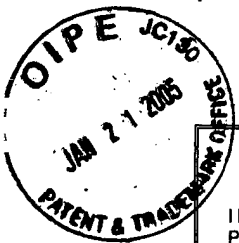
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action mailed October 19, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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RONALD A. KOATZ
Reg. No. 31,774
Attorney for Applicant(s)

January 19, 2005

Date of
Signature

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

PATENT
Y2-0548-UNI
C7564(V)

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In re application of: Ashcroft et al.
Serial No.: 09/940,730
Filed: August 28, 2001
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January 19, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 86.00	
Multiple Claims					\$ 290.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

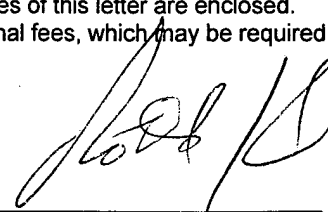
*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

- [] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under
[X] 37 C.F.R. § 1.16;
[X] 37 C.F.R. § 1.17;
[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

RAK/sc
(201) 894-2912


Ronald A. Koatz
Attorney of Record
Reg. #31,774